



Tennessee Board of Nursing Position Statements

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Tennessee Board of Nursing Position Mission and Value Statement Relative to the Regulation of a Profession

MISSION: Boards are charged to protect in the safety and health of consumers in Tennessee in cost-effective, cost-efficient and timely manner.

AUTHORITY: Tennessee Code Annotated 63-7-101 The purpose of this chapter is to safeguard life and health by requiring each person who is practicing, or is offering to practice, nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

VALUES: The following concepts are relevant to the regulation of any profession:

The primary reason for the regulation of a profession is consumer protection.

Boards are charged to regulate the profession and protect the public.

Boards must have legal and investigative support services adequate to meet statutory requirements.

Boards should be individually self sustaining with generated revenue allocated in such a manner as to sufficiently support the budgeted needs, and should have authority to set fees and levy fines.

Professions should be self regulatory with consumer representation and appropriate minority and senior citizen representation.

Practitioners of the profession know the standards of practice and procedures/policies within their own profession.

Action should be taken against boards that demonstrate little evidence of self regulation or action to protect consumers.

Boards should be provided with adequate numbers of professional staff who are state employees.

Boards should have adequate secretarial/clerical support.

Board members should be adequately compensated for their service to Boards.

Boards should be required to evaluate the services provided to consumers on a regular basis; and must be open to public scrutiny.

The following needs must be met in order for any board to carry out its responsibility to protect the health and safety of the public in a timely and cost-effective manner:

1. The executive director must be responsible for formulating and managing the budget for the assigned board, and must review timely budget information relative to revenue, expense and transaction reports on a monthly basis.
2. Professional and clerical support staff must be adequate.
3. Information must be provided to the board by the executive director relative to the timeliness of the disciplinary process as it moves from initial complaint filed with the board, through investigations, to the Office of General Counsel and to final disposition. This will prevent the continued practice of unfit practitioners.
4. Additional laws should not be passed that supersede board law in regard to scope Of practice, disciplinary proceedings, licensing proceedings, school approval, assessment of fees, processing of licenses, etc.
5. Boards should be empowered to levy fines as part of the disciplinary process. Revenue should be earmarked for specific board projects and expenses.
6. Boards need the ability to communicate directly with every licensee on a quarterly basis regarding board actions; and to provide information necessary for continued safe practice and changing standards.
7. Modern data management and communication systems should be available to the board staff.

Reformatted and Reaffirmed 2/09

Reaffirmed 02/15/2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE REGULATION OF PRACTICE: Includes Practice of Nursing in Expanded Roles

PURPOSE: The purpose of this statement is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated 63-7-207: (14) Establish and examine the qualifications, competencies, training, education and experience required of a registered nurse applying for a certificate of fitness as a nurse practitioner, as defined by the board, sufficient to prepare such person to write and sign prescriptions and/or issue drugs in accordance with the limitations and provisions of § [63-1-132](#)

Tennessee Code Annotated 63-7-126(e) Nothing in this section shall be interpreted to alter or change the current law as it existed on May 22, 2002, regarding prescriptive rights, supervision, or scope of practice for nurse anesthetists regulated under this title, nurse midwives as described in § [56-7-2407](#), clinical nurse specialists, or certified nurse practitioners as defined in § [63-7-123](#). Nor shall anything in this section be interpreted to allow any board or other entity to promulgate rules that would alter or change the law as it existed on May 22, 2002, regarding such prescriptive rights, supervision, or scope of practice.

Tennessee Code Annotated 63-7-123(a) The board shall issue a certificate of fitness to nurse practitioners who meet the qualifications, competencies, training, education and experience, pursuant to § [63-7-207](#)(14), sufficient to prepare such persons to write and sign prescriptions and/or issue drugs within the limitations and provisions of § [63-1-132](#).

Tennessee Code Annotated 63-7-103(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ [63-1-132](#), [63-7-123](#) and [63-7-207](#).

POSITION: The Board of Nursing regulates the practice of nursing including the practice of nursing in expanded roles.

6/86

Reaffirmed 12/01, 03/06, 02/09, 02/12

TENNESSEE BOARD OF NURSING POLICY

RE EDUCATION: Clinical Ratios

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and to establish a clinical standard for faculty-student ratios in Tennessee schools of nursing consistent with Tennessee Board of Nursing Rule 1000-1-.07(2)(c).

AUTHORITY: Tennessee Board of Nursing Rules and Regulations of Registered Nurses 1000-1-.07(2)(c) states as follows- In Tennessee nursing schools, the number of faculty is adequate to meet the purposes and objectives of the program. The clinical ratio (faculty: student) support the standards for quality teaching and patient safety.

Rules and Regulations of Licensed Practical Nurses 1000-2-.07(2) Number. - There shall be at least one Registered Nurse employed full time to direct each program. There shall be at least one instructor employed full time for each class in practical nursing. The number of faculty shall be adequate to meet the purposes and objectives of the program. The clinical ratio (faculty: student) supports the standards for quality teaching and patient safety and shall not exceed ten (10) to twelve (12) students per one (1) faculty member, with ten (10) being under direct supervision.

POLICY: The board's policy is to interpret the rule so as to limit the clinical ratio (faculty: student) in the health care facility to meet facility standards, which shall in no case exceed 1:10.

Reformatted and Reaffirmed 2/09

Reaffirmed 02/12

TENNESSEE BOARD OF NURSING
POLICY FOR MAINTENANCE OF APPROVAL OF SCHOOLS OF NURSING

RE EDUCATION: Continued Approval of Schools of Nursing

PURPOSE: To set out a policy for the annual approval process of professional and practical nursing programs. The purpose of the board is to safeguard life and health of the citizens of Tennessee. It is vital for the health of Tennesseans that nurses are educated appropriately in approved schools of nursing. Consumers attending such schools must be assured that the education provided will prepare them to be successful on the national licensure examination for nurses. Rules of the board set out that graduates of nursing programs shall achieve a first time NCLEX writer pass rate of 85%. Programs of nursing falling below that minimum will be subject to board action.

AUTHORITY: Tennessee Code Annotated 63-7-119 Investigation of Schools- Loss of Accreditation At least once every eight (8) years, the executive director or other authorized employee shall survey each school of nursing in Tennessee and submit a written report to the board. If the board determines that a school of nursing previously approved is not maintaining the required standards, written notice shall be furnished the school with a specification of the deficiencies claimed to exist by the board. After a hearing, which shall be afforded if demanded, a school that fails to correct the deficiencies written in such notice within the time specified shall be removed from the list of approved schools of nursing.

Tennessee Board of Nursing Rules and Regulations of Registered Nurses 1000-1-.05 and Rules and Regulations of Licenses Practical Nurses 1000-2-.05

(5) Renewal of Approval - Renewal is based on survey visits, conferences, and correspondence during the period and the annual report that is granted at the beginning of the calendar year. Any professional nursing school having less than 85% pass rate on NCLEX, shall receive a warning from the Board. If changes, correction and/or adjustment relative to faculty, facilities, student admission, curriculum content, and/or methods of teaching are not initiated within a specified time and such action approved by the Board, the school shall not admit a subsequent class.

POLICY:

NCLEX Pass Rate

Board Action

Less than 85%-one year

Letter of concern/request progress report

Less than 85%- two consecutive years

Appear before the board/consider conditional approval

Less than 85%- three consecutive years

Appear before the board/conditional approval

Less than 85%- four consecutive years

**Appear before the board/may not
admit a class**

Less than 85%- four or more consecutive years Close program

Note: This policy serves as a guide for the board. The board reserves the right to take any reasonable action against a nursing program to protect the public based on correspondence, annual reports, school survey visits and testimony before the board.

Reaffirmation of 1985 Standing Board Policy: October 17, 2006
Reformatted and Reaffirmed 2/09
Reaffirmed 02/12

TENNESSEE BOARD OF NURSING

RE LICENSURE: CONTINUED COMPETENCE

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee

AUTHORITY

The Tennessee legislature passed the following law in 1998 mandating continued competence for registered and practical nurses:

By January 1, 2002, the board of nursing shall implement a plan to assure continuing competence of licensees, using educationally sound methods to promote learning and assess outcomes pertinent to contemporary standards of nursing practice.

To implement this law, the Board adopted rules which you are advised to review in their entirety. Please go to www.tennessee.gov/health at search type board of nursing, click on Board of Nursing and click on rules. The citation for the rules is 1000-1-.14(3) for registered nurses and 1000-2-.14(3) for licensed practical nurses.

First, the rules define continued competence as “the application of integrated nursing knowledge and the interpersonal, decision-making psychomotor, communication, and leadership skills expected for the nursing practice role within the context of the public health, safety, and welfare.” In other words continued competence means the application of nursing knowledge and skills expected for practice in order to protect the public from harm.

Next, the rules set out the standards of nursing competence. These standards enumerate very clearly the basic expectations for practice as a registered nurse and a licensed practical nurse in Tennessee. The standards of competence are separated into standards related to the nurse’s responsibility to implement the nursing process and standards related to the nurse’s responsibilities as a member of the nursing profession. Take time to compare and contrast the standards for RNs and LPNs.

The rules speak to the Board’s responsibility to begin notifying licensees, beginning January 1, 2002 of continued competence requirements. This notification gives licensees a full two-year renewal cycle to demonstrate competence. Beginning January 1, 2004, all applicants for renewal must demonstrate competency.

Now to the question, “How do I demonstrate competence to the satisfaction of these rules?” First, nurses who practice full or part time will attest on their renewal application beginning after January 1, 2004, that they have maintained a file (e.g. paper, computer disk) documenting evidence of continued competence. The licensee

must select at least two of fifteen items from a list of options. The list is both broad and self-explanatory so those nurses who practice in a variety of settings should be able to easily find options that are reasonable and convenient.

POLICY

Acceptable proof of competence shall include two of the following:

- 1. satisfactory employer evaluation;**
- 2. satisfactory peer evaluation;**
- 3. satisfactory patient/client relationship;**
- 4. contract renewal of re-appointment;**
- 5. written self evaluation based on the standards of competence;**
- 6. initial or continuing national certification;**
- 7. identification of two goals and a plan to demonstrate competency for these goals;**
- 8. volunteer work in a position using nursing knowledge, skills and ability or service relevant to nursing on a board or agency;**
- 9. participation in the education of nursing students in an approved school of nursing;**
- 10. five contact hours of continuing education;**
- 11. published an article relevant to nursing;**
- 12. completed a two week nursing refresher course;**
- 13. completed a two week comprehensive orientation program;**
- 14. two hours of nursing credit in a nursing program; and**
- 15. successfully retaken the national licensure examination.**

The options for those nurses who have either not practiced nursing full or part time in a five year period or who plan not to work and wish to maintain competence are more prescriptive and are listed in a separate section of the rules. These rules should help nurses maintain competence on the front end and lessen the time needed to prepare for going back into practice when that time arises.

Lastly, it is important to not that each licensee must maintain evidence of compliance for four years from when the requirements are completed. This documentation must be produced for inspection and verification within thirty days of a written request by the board. Note: We must have your current address so that we can reach you! Failure to either complete the continued competence activities or to falsely certify completion may subject the nurse's license to disciplinary action.

Thank you for your attention to this rather lengthy announcement. We hope it answers your questions. The Board's intent is for every licensee to be able to demonstrate continued competency in a flexible and easy manner. Please refer to our web site for further information about continued competence and other topics of interest to licensees.

JH/G4014040/BN, Reaffirmed and reformatted 02/09, Reaffirmed 02/15/2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE LICENSURE: Foreign Educated Nurses

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and to establish licensure standards for foreign educated nurses consistent with Tennessee Code Board of Nursing Rules.

AUTHORITY: Tennessee Code Annotated 63-7-104(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

POSITION: Tennessee Board of Nursing accepts the Certificate issued by the Commission on Graduates of Foreign Nursing Schools as evidence of the required education qualifications in lieu of individual transcripts and records from foreign nurse graduates.

If the nursing education program was in a foreign country, the Tennessee Board of nursing will require applicants for licensure after January 1, 1957 to provide to the Board the Certificate issued by the Commission on Graduates of Foreign Nursing Schools prior to being made eligible to write the licensing examination.

Requests for licensure information as applies to graduates outside the U.S.A. or its territories after January 1, 1957 will be referred to:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone (215) 222-8454
www.CGFNS.org

Based on Exam requirement **Rules – R.N. 1000-1-.01(5) Foreign Nurses:**

Nurses educated in a country outside of the U.S. or its jurisdiction, whether or not licensed in another country must apply for licensure by attaining the acceptable score on the State Board Test Pool Examination provided the applicant graduate after January 1, 1957. Individuals graduating prior to January 1, 1957 will be considered on an individual basis.

(b) When the Board has reasonable doubt of an applicant's ability to comprehend the English language to a degree sufficient to permit him to discharge his duties as a nurse in this state with safety to the public, the Board may require him to pass an examination to demonstrate such ability.

Foreign Educated and Licensed

By agreement of the Compact Administrators, foreign educated nurses, including Canadian educated, will be required to successfully complete the licensing examination for eligibility for licensure as a professional or practical nurse.

10/18/79

revised 1999

reaffirmed 12/01

Reformatted and Reaffirmed 2/09

Reaffirmed 2/12

TENNESSEE BOARD OF NURSING POLICY STATEMENT

RE LICENSURE: Graduates of Masters in Nursing Initial Licensure Education Program

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and to establish licensure standards consistent with Tennessee Code Board of Nursing Rules.

AUTHORITY: Tennessee Code Annotated 63-7-104(3) Has successfully completed a course of study in an approved school of nursing, as defined by the board, and the applicant holds a diploma or degree from an approved school of nursing, or the approved school has certified to the board that the applicant has met all requirements for a diploma or degree.

POLICY: Applicants for licensure by examination may meet the qualification of the language in the statute relating to RN qualifications that speaks to approved schools certifying to the Board that the applicant has met all requirements for a degree or diploma, if the applicant's school certifies to the board that the applicant has by successfully completed the generalist nursing curriculum of an approved masters in nursing initial licensure education program.

Revised 12/14/2004

Review/Approved 03/2006

Reformatted and Reaffirmed 02/2009

**TENNESSEE BOARD OF NURSING POLICY REGARDING THE MULTI-STATE
PRIVILEGE FOR NURSES WHO ARE “PROVISIONALLY LICENSED” IN
KENTUCKY**

**RE: LICENSURE Multi-State Privilege of Nurses with Kentucky Provisional
License**

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and establish requirements for practice in Tennessee by nurses who are provisionally licensed in Kentucky.

**AUTHORITY: Tennessee Code Annotated 63-7 PART 3 INTERSTATE NURSE
LICENSURE COMPACT, ARTICLE III General Provisions and Jurisdiction**

(a) A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

POLICY:

It is the policy of the Tennessee Board of Nursing to recognize the multi-state privilege of any RN or LPN who holds a provisional license from the Kentucky Board of Nursing, so long as such Kentucky provisional licensee meets the following criteria:

- (1) is a recent graduate of an approved nursing program; and**
- (2) has passed the National Council Licensure Examination (NCLEX) applicable to his or her level of practice; and**
- (3) has passed a criminal background check within the preceding year.**

Such Kentucky licensees may practice in Tennessee on the multi-state privilege subject to the same terms, conditions and limitations that would be placed on them were they practicing in Kentucky on the provisional license.

It is the understanding of the Tennessee Board of Nursing in promulgating this policy that a “Kentucky provisional licensee” is required by the Kentucky Board to successfully complete a one hundred twenty (120) hour internship under direct nursing supervision within six (6) months of receiving her provisional license, and that such internship entails prescribed reporting requirements.

Adopted May 31, 2007

Reformatted and Reaffirmed February 18, 2009

Reaffirmed February 15, 2012

TENNESSEE BOARD OF NURSING POLICY

RE: LICENSURE: State Constructed Exams

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and to establish licensure standards consistent with Tennessee Code Board of Nursing Rules.

AUTHORITY: Tennessee Code Annotated 63-7-105(a) By Examination: An applicant for a license to practice professional nursing shall be required to pass an examination in such subjects as the board may determine. The board shall issue a license to practice professional nursing to an applicant who successfully completes the examination.

63-7-110(a) By Examination: An applicant for a license to practice practical nursing shall be required to pass a written examination as prescribed by the board. The board shall issue a license to practice practical nursing to an applicant who successfully completes the examination.

POLICY: The Board will not accept state constructed licensure examinations as a basis for licensure by endorsement in Tennessee.

10/81

Revised 12/01

Reviewed/Approved 03/06

Reformatted and Reaffirmed 02/09

Reaffirmed 02/12

**BOARD OF NURSING POLICY
UNREADABLE FINGERPRINTS TAKEN FOR CRIMINAL
BACKGROUND CHECK**

RE: LICENSURE with Unreadable Fingerprints

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee by establishing requirements for fingerprints taken for criminal background checks.

AUTHORITY: Tennessee Code Annotated 63-7-207 The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

- (10) Conduct hearings upon charges of suspension or revocation of a license or approval of a school of nursing or course of training, and deny, suspend or revoke for proper cause, licenses or approval of schools or course of training as provided in this chapter. Any action of or ruling or order made or entered by the board shall be subject to review by the courts of this state in the same manner and subject to the same powers and conditions as now provided by law in regard to the rulings, orders and findings of other quasi-judicial bodies in Tennessee, where not otherwise specifically provided;

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.01 (1) (e) [also LPN rules 1000-2-.01 (1) (e)] Licensure by Examination and **1000-1-.02 (1) (e) [also LPN rules 1000-2-.02 (1) (e)]** Licensure by Endorsement

- (1) Application - The application form provided by the Board is to be completed in part by the applicant, signed by him, and attested by a notary public.
- (e) Part of this application shall be the result of a criminal background check which the applicant has caused to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials.

POLICY:

Health care consumers are dependent upon professional licensing boards to conduct appropriate screening of applicants. The Board of Nursing has the responsibility of protecting the health, safety and welfare of the citizens of the State of Tennessee and to that end has a duty to exclude individuals who pose a risk to the public health, safety and welfare.

One means of predicting future behavior is to look at past behavior. Checking whether applicants for licensure or registration have a criminal history and examining the nature of that history can provide significant information for boards to use in making licensure decisions. To that end, the Board of Nursing asks all new applicants to obtain a criminal background check and have the results transmitted to the Board for examination. In most cases, the fingerprints are clear and easily readable. However, some individuals

cannot get readable fingerprints.

For applicants who twice have submitted unreadable prints, the Board of Nursing adopts the following policy relative to unreadable fingerprints:

The board shall require the applicant to submit to an FBI/TBI fingerprint scan through the State of Tennessee's approved vendor. If an applicant has two unreadable fingerprints scanned by Cogent Inc., the Board shall require a TBI/FBI acceptable name search along with screening through the Application Review Committee.

Adopted: September 27, 2007

Reviewed February 18, 2009

Reaffirmed February 15, 2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE PRACTICE: Abandonment of Patients

PURPOSE: The purpose of this statement is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated 63-7-115 a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person: **(F)** Is guilty of unprofessional conduct

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.13 (c) (1) and Licensed professional Nurses 1000-2-.13 (c) (1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following: (c) Abandoning or neglecting a patient requiring nursing care;

POSITION: Patient abandonment is unprofessional conduct and thus may subject a nurse's license to disciplinary action.

DEFINITIONS:

Patient abandonment is a term which is often used by health care regulatory agencies, employers of health care personnel, the nursing profession and the consumer. The Board believes that the term **“patient abandonment”** must be defined, and differentiated from **“employment abandonment”**.

For patient abandonment to occur, the nurse must:

- a) Have first accepted the patient assignment, thus establishing a nurse-patient relationship, and then**
- b) Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.**

A nurse-patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse.

Recruiting and maintaining appropriate licensed staff is the responsibility of the facility. If at the close of a shift, the facility does not have the appropriately licensed staff to ensure the continuity of nursing care, then the employer shall make all reasonable attempts to obtain such staff. Failure of a nurse to work beyond her/his scheduled work shift will not constitute patient abandonment as defined by the Board. Also refusal to accept an assignment or a nurse-patient relationship and failure to notify the employing agency that the nurse will not appear to work an assigned shift is not considered patient abandonment by the TBN.

Failure of a licensed nurse to comply with a facility policy involving mandatory overtime, refusal to accept an assignment or a nurse patient relationship and failure to notify the employing agency the nurse will not appear to work is an employer-employee issue.

The Board believes that failure of the licensee to provide the employer with sufficient notice of intent to end the employment relationship does not constitute patient abandonment. However, the Board does encourage licensees to end their employment relationships in a professional manner.

The licensed nurse who follows the above policy statement will not be considered to have abandoned the patient for purposes of board disciplinary action. Again, it should be noted that the board has no jurisdiction over employment and contract issues.

Adapted from the California Board of Registered Nurses and Connecticut Board of Nursing.

Reformatted and Reaffirmed 02/2009

Reaffirmed 02/2012

Tennessee Board of Nursing

RE PRACTICE: ADVISORY PRIVATE LETTER RULINGS

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and establish the process for submission of Requests for Advisory Private Letter Rulings

AUTHORITY: Tennessee Code Annotated 63-7-207 Powers and duties (of the Board)) The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

- (15) Issue advisory private letter rulings to any affected licensee who makes such a request regarding any matters within the board's primary jurisdiction. Such private letter ruling shall only affect the licensee making such inquiry, and shall have no precedential value for any other inquiry or future contested case to come before the board. Any dispute regarding a private letter ruling may, if the board chooses to do so, be resolved pursuant to the declaratory order provisions of § [4-5-223](#);

POLICY

All proper Requests for an Advisory Private Letter Ruling must be received at the Board of Nursing administrative office at least forty five (45) days prior to the next regularly scheduled Board meeting.

Requests which are received less than forty five (45) days before an upcoming Board meeting will not be considered until the subsequent regularly scheduled Board meeting.

The Board adopts this policy in order to ensure that there is sufficient time for staff to research and draft proposed advisory private letter rulings.

In order for the Board to form the advisory opinion, the licensed nurse must provide the following information prior to the forty-five day deadline:

- 1. Existing literature and research**
- 2. Information on Standard of Care in the community; local, regional or national**
- 3. Statements and opinions of professional groups**
- 4. Information about necessary education or training**
- 5. Description of decision making tree (pg....) inadequacy and**
- 6. Position statements or information from other Boards of Nursing**

The form on the following page must be attached to the supportive documentation.

Adopted September 27, 2007

Reformatted and Reaffirmed February 18, 2009
Reaffirmed February 15, 2012

Board of Nursing

Request for Advisory Opinion

Date_____

Licensee's Name:

Licensee's Address:

Telephone Number: ()_____

License Number_____

1. The specific question or issue for which the ruling is requested:

2. The fact that gave rise to the specific question or issue:

3. The specific statutes and/or rules which are applicable to the question or issue:

Licensee's Signature

Mail or Deliver to: Executive Director, Tennessee Board of Nursing
227 French Landing, Suite 300
Heritage Place, MetroCenter
Nashville, TN 37243

TENNESSEE BOARD OF NURSING POLICY

RE PRACTICE: Decision Making Guidelines

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and to encourage appropriate practice standards for nursing practice.

AUTHORITY: Tennessee Code Annotated 63-7-101 The purpose of this chapter is to safeguard life and health by requiring each person who is practicing, or is offering to practice, nursing to submit evidence that the person is qualified to practice and to be licensed as provided in this chapter. Such evidence of qualifications shall be submitted to the state board of nursing, which is the regulatory body authorized to enforce the provisions of this chapter.

Tennessee Code Annotated 63-7-103 (a) (1) “Practice of professional nursing” means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

Tennessee Code Annotated 63-7-108 The “practice of practical nursing” means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

Tennessee Code Annotated 63-7-126 (a) “Advanced practice nurse” means a registered nurse with a master's degree or higher in a nursing specialty and national specialty certification as a nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist.

Tennessee Board of Nursing Rules and Regulations 1000-1-.14 and 1000-2-.14

STANDARDS OF NURSING COMPETENCE. The Board requires all nurses to document evidence of competence in their current practice role. The Board believes that the individual nurse is responsible for maintaining and demonstrating competence in the practice role whether the recipient of the nursing intervention is the individual, family, community, nursing staff, nursing student body, or other.

POLICY: Although the Tennessee Board of Nursing administrative staff receives numerous inquiries in the course of the year from nurses who have questions regarding their scope of practice, Board staff may not issue opinions or interpretations on legal questions. Therefore, the Board has developed a decision tree to assist nurses in making their own determination as to whether a contemplated practice or activity falls within the scope of practice. The guidelines and a tree follow.

When a nurse finds that the Decision-making Guidelines are inadequate to a decision process, the nurse may write a request for advisory opinion from the Board.

Decision-Making Guidelines

In evaluating whether a certain nursing practice or activity falls within the respective scope of practice for an LPN, RN, or APN, the practitioner should apply the following analytical steps:

- 1. Describe the practice or activity to be performed.**
- 2. Is the practice or activity specifically permitted or prohibited in any existing statutes, regulations, or rules?**
 - If permitted, proceed to #3.
 - If expressly prohibited, it is not within the nurse's scope of practice. (The decision-making process is complete.)
 - If unsure or unclear, proceed to #3 or consult your attorney.
- 3. Does the educational preparation of the nurse provide the knowledge base and skills necessary to engage in the practice or perform the activity?**
 - If YES, the activity may be within the scope of practice. Proceed to #4.
 - If NO, it is not within the nurse's scope of practice.
- 4. Is the act or practice consistent with one or more of the following standards? Standards of practice of a national nursing organization; or Supporting data from nursing literature and research.**
 - If YES, proceed to #5.
 - If NO, it is not within the nurse's scope of practice.
- 5. Does the nurse have documented proof of her knowledge and competence, including continued competence, to perform the activity or engage in the practice?**
 - If YES, proceed to #6.
 - If NO, it is not within the nurse's scope of practice.
- 6. Would a reasonable and prudent nurse with similar education and experience engage in the contemplated practice?**
 - If YES, proceed to #7.
 - If NO, it is not within the nurse's scope of practice.
- 7. Does the nurse have the ability/resources to respond to complications in such a way that patient safety and quality of care are assured?**
 - If YES, proceed to #8.
 - If NO, it is not within the nurse's scope of practice and could place both the patient and nurse at risk.
- 8. Is the nurse prepared to accept the consequences of performing the activity or engaging in the practice?**
 - If YES, the nurse may perform the activity, based on a valid order when required, and in accordance with established policies, procedures, and standards of care.
 - If NO, it is not within the nurse's scope of practice.

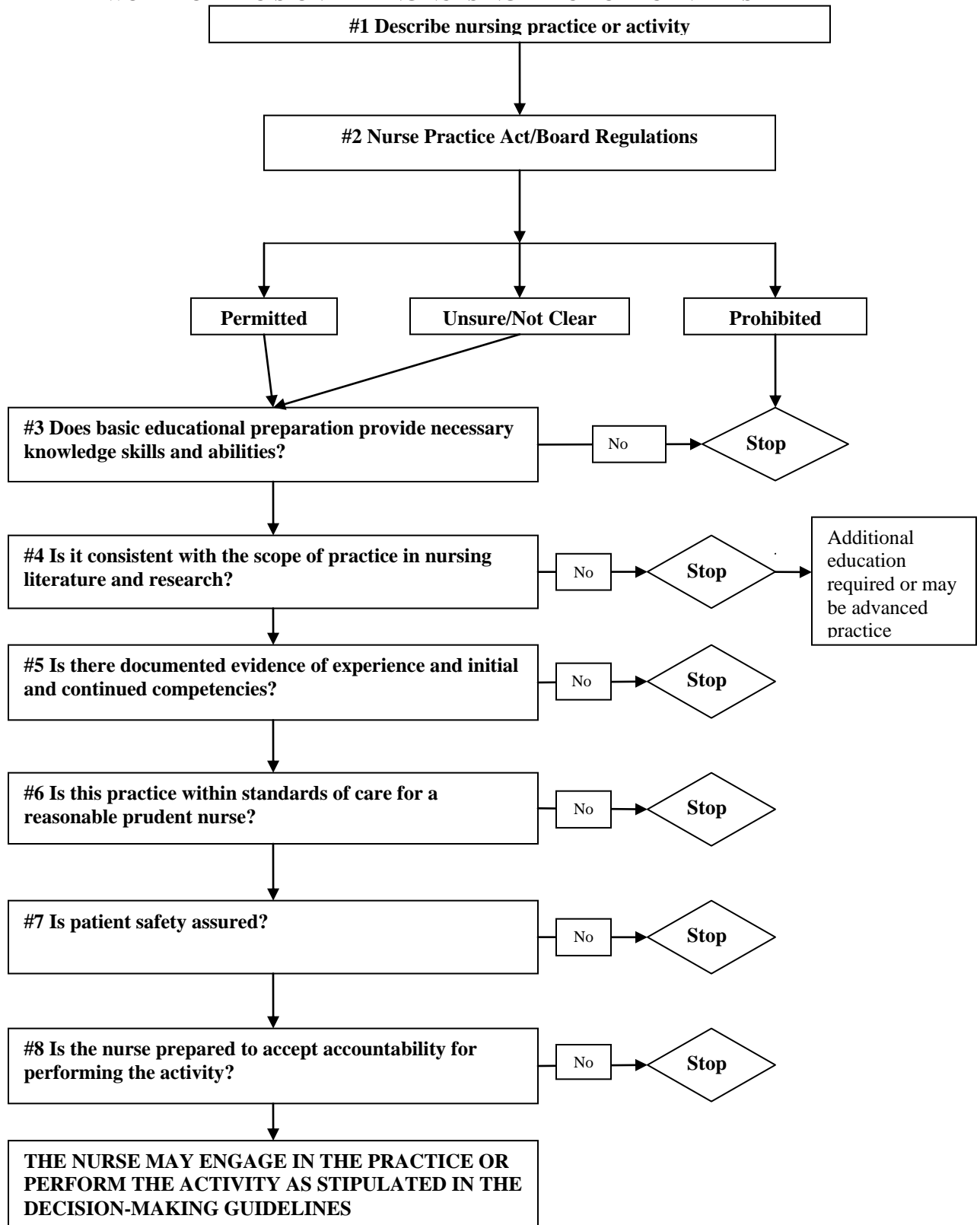
NOTE: The Tennessee Board of Nursing strongly encourages you to consult your attorney – be it your facility/employer’s general counsel or your private attorney – if you are uncertain about the answer to any of the questions listed in the above decision-making guidelines.

Published *Nursing Perspectives Summer 2006*

Reformatted and Reaffirmed 02/09

Reaffirmed 02/12

FRAMEWORK FOR DECISION-MAKING NURSING PRACTICE ACTIVITIES



TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE: PRACTICE: Enteral Feedings by Nurse Aides

PURPOSE: The purpose of this statement is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated **63-7-101** (license required to practice nursing), **63-7-102** (Exemptions), **63-7-103** (Practice of Professional Nursing Defined) and **63-7-108** (Practical Nursing Defined)

POSITION: It is the Board's position that enteral feedings are considered the responsibility of licensed nursing personnel, the Registered Nurse and Licensed Practical Nurse.

RATIONALE: The procedure of enteral feedings constitutes the practice of nursing

1/83

Reaffirmed 12/01, 03/06

Reformatted and Reaffirmed 02/09

Reaffirmed 02/16/2012

GUIDELINES FOR NEW GRADUATES OF APN PROGRAMS
PRACTICE PRIOR TO
BOARD OF NURSING APN CERTIFICATE

RE: PRACTICE

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and identify practice parameters for new graduates of APN practice prior to obtaining a Board of Nursing APN certificate.

AUTHORITY: Tennessee Code Annotated 63-7-207 Powers and duties (of the Board) The board has the following powers and duties in addition to the powers and duties granted to or imposed upon it by other sections of this chapter:

(14) Establish and examine the qualifications, competencies, training, education and experience required of a registered nurse applying for a certificate of fitness as a nurse practitioner, as defined by the board, sufficient to prepare such person to write and sign prescriptions and/or issue drugs in accordance with the limitations and provisions of § [63-1-132](#);

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.04(3) Responsibility.

(a) Responsibility. Each individual is responsible for personal acts of negligence under the law. Registered nurses are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the registered nurse should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual's personal responsibility under the law.

(b) Registered nurses, duly licensed by the State of Tennessee who practice nursing in this state are not prohibited from expanding their roles by the Nursing Practice Act. However, R.N.'s functioning in an expanded role assume personal responsibility for all of their acts. R.N.'s who manage the medical aspects of a patient's care must have written medical protocols, jointly developed by the nurse and the sponsoring physician(s). The detail of medical protocols will vary in relation to the complexity of the situations covered and the preparation of the R.N. using them.

POLICY: New graduates of APN programs who do not yet have their APN certificates may practice under direct supervision but may not write prescriptions or identify themselves as APNs.

GUIDELINES:

These guidelines seek to assist registered nurses who have graduated from an approved school of nursing leading to a master's degree or higher in a clinical specialty area with questions regarding practice before the board grants an advanced practice nurse certificate.

7. A graduate not holding a Board of Nursing APN certificate may not use the title APN or represent him/herself as a nurse practitioner, nurse midwife, nurse anesthetist or clinical nurse specialist until the certificate is granted.

8. Practice only under the direct, on-site supervision of an APN or MD who holds the same specialty area of practice. [e.g. psychiatric clinical nurse specialist/nurse practitioner graduate supervised by psychiatrist; pediatric nurse practitioner, supervised by pediatrician or family practice physician (pediatric clients only)] Direct supervision means overseeing with authority. It does not require side-by-side supervision.

9. Protocols are required and must be made available to the board or its representative upon request. Graduates from nurse anesthesia programs are not required to have protocols.

4. 100% of charts/records must be reviewed/signed. Nurse anesthetist graduates follow health care facility policy/regulations in this matter.

5. The supervising APN/MD is responsible and accountable for the acts of the new graduate.

6. The graduate, as a RN, is responsible for his/her acts and must not perform those acts he/she is not prepared to perform by education and practice.

7. No prescription writing until certified by the board as an APN with certificate of fitness.

8. The supervising APN/MD or agency (clinical facility) may choose to limit the scope of practice of the graduate as deemed appropriate.

10. Under these guidelines the graduate must have made application for the appropriate recognized national specialty certification examination. In the event the graduate is not successful on the first exam attempt, it is expected that the graduate would immediately inform the supervising practitioner and cease to practice in an advanced role until such time the certification exam is passed and Board APN certificate granted.

Reformatted and Reaffirmed 02/09

TENNESSEE BOARD OF NURSING INTERPRETATION OF LICENSED PRACTICAL NURSE PRACTICE

The following response to questions about practice is based on the Tennessee Nurse Practice Act, The Administrative Rules of the Board of Nursing, longstanding policy of the Board and the current standard of care in Tennessee.

AUTHORITY: Tennessee Code Annotated 63-7-108 Practical Nursing Defined

The “practice of practical nursing” means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

1. When Licensed Practical nurses engage in activities that require greater skill and knowledge than that obtained in the basic licensed practical nurse curriculum, e.g., performing physical assessment, starting intravenous infusions, etc, what law, rules and policy apply?

Response: Rule 1000-2-.04 Discipline of Licensee, Unauthorized Practice of Practical Nursing...reads in part:

(3)(a) Responsibility. Each individual is responsible for personal acts of negligence under the law. Licensed practical nurses are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the licensed practical nurse should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual's personal responsibility under the law.

(b) The Board acknowledges that licensed practical nurses have knowledge and preparation in nursing, but not to the extent required of registered nurses. The Board recognizes that licensed practical nurses engage in activities that require greater skill and knowledge than that obtained in the basic license practical nurse curriculum. It is the intent and purpose of these rules that the licensed practical nurses only perform additional activities to the extent that the activity is related to the underlying scientific principles in the basic practical nurse curriculum.

(c) Before performing activities requiring greater skill and knowledge, the following criteria must be met.

1. The education or in-service shall be related to the underlying scientific principles contained in the basic practical nurse curriculum;
2. The individual shall have appropriate continuing education in the procedure or activity; and
3. The individual must demonstrate competency in the practice.

Further, the Board has adopted rules that offer further clarification on this issue. **Rule 1000-2-.11 Standards of Nursing Practice for the Licensed Practical Nurse** states:

(a) Standards Related to the Licensed Practical Nurse's contribution to and Responsibility for the Nursing Process-The Licensed Practical Nurse shall:

1. Contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner.
2. Participate in the development of the plan of care/action in consultation with a Registered Nurse...
7. Contribute to the evaluation of the responses of individual or groups to nursing interventions and participate in revising the plan of care where appropriate.

POLICY

It is apparent from these rules the interpretation of the standard of care for the licensed practical nurse in terms of assessment is that the individual is not prepared educationally in the basic vocational program with the requisite scientific skills to expand his or her practice to assessment of patients, formulation of a plan of care, or evaluation of the plan of care developed by the registered nurse. The licensed practical nurse, as evidenced by these rules, is a valuable member of the health care team whose role is to contribute to the nursing assessment, participate in the development of the plan of care and contribute to the evaluation of the plan of care developed by the registered nurse.

2. Is it acceptable practice for a Registered Nurse or Licensed Practical Nurse to alter a physician's order for medication or treatment without his or her consent? If so, explain.

Response: No. T.C.A. 63-7-115 Grounds for denial, revocation or suspension of certificate or license

states:

(a)(1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a license upon proof that the person:

(F) Is guilty of unprofessional conduct.

Unprofessional conduct is defined in **Rules 1000-1-.13 and 1000-2-.13**, which state in part:

(1) Unprofessional conduct, unfitness, or incompetence by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following:

(u) Engaging in acts of dishonesty which relate to the practice of nursing.

POLICY

It would constitute unprofessional conduct, and violate the Nurse Practice Act, for a nurse to alter an order for medication or treatment without a specific order from the physician to do so. Withholding a medication for cause (e.g. patient experiences

a side effect), while contacting the physician, is not considered altering a medication order.

3. According to the Tennessee Board of Nursing, Division of Health Related Boards, Chapter 1000-2-.04, Rules and Regulations of Licensed Practical Nurses, supervision by a Registered Nurse, Physician or Dentist is required for the Licensed Practical Nurse. What constitutes supervision under these Rules?

Response: Rule 1000-1-.11(20) Registered Nurses and Rule 1000-2-.11(19) Licensed Practical Nurses define supervision as:

Supervision: Means overseeing or inspecting with authority. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and whether the individual to whom the duties are entrusted must be supervised personally.

POLICY

The Board generally interprets "overseeing with authority" as requiring on site supervision. This is especially appropriate in the case of the LPN where the Nurse Practice Act specifically requires supervision by the physician, dentist or registered nurse (T.C.A. 63-7-108).

4. How frequently must the supervisory visits occur (for nurses working in the field)? How is the supervision conducted, i.e., on site, direct observation, records review, individual conference and/or all of the above? What are the documentation requirements to validate that the supervision occurred?

POLICY

Response: As in the above response, the supervising nurse has the responsibility to determine the frequency and kind of supervision. As guidance, the Board would suggest all manner of supervision listed in the question as appropriate forms of supervision. Documentation must accurately reflect the supervision, provided in detail sufficient to provide an accurate picture of the competence of the individual supervised. It should be factual.

5. Is it an accepted practice for a Licensed Practical Nurse to be appointed as an agency Director of nursing with responsibility for supervising other Licensed Practical Nurses? If so, explain.

Response: No. Licensed practical nursing is defined in **T.C.A. 63-7-108**, which states:

The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

POLICY

These provisions in the law requiring supervision, and articulating that practical nurses do not have the legal authority to either determine the acts of nursing performed or to perform all of the acts included in nursing practice, are inconsistent with licensed practical nurses serving as Directors of nursing. It is appropriate for a LPN to supervise unlicensed personnel performing selected nursing acts within the LPN's scope of practice.

6. Is it acceptable practice for a Registered Nurse or Licensed Practical Nurse to prescribe/apply oxygen without a physician's order, even in an emergency situation? If so, explain.

Response: T.C.A. 63-7-103 Practice of Professional Nursing reads as follows:

(a)(1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

(2) "Professional nursing" includes:

(D) Administration of medications and treatments as prescribed by a licensed physician, dentist podiatrist or nurse authorized to prescribe pursuant to 63-7-123; (emphasis added)

(F) Nursing management of illness, injury or infirmity including identification of patient problems.

(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ 63-1-132, 63-7-123, and 63-7-207.

Further, the definition of practical nursing as defined in **T.C.A. 63-7-108** states: The "practice of practical nursing" means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

POLICY

As emergency situations are expected in the practice of nursing, it is incumbent upon the licensed registered nurse to ensure that standing orders are available to cover both RN and LPN actions for all foreseeable emergencies based upon the health care setting and client population.

7. Are there any specific tasks that the Board of Nursing has ruled that it is improper for a licensed practical nurse to perform?

POLICY

The Board has taken the position that it is beyond the scope of practice for an LPN to be delegated the following tasks: administration of certain IV push medications,

blood or blood products, experimental drugs or intravenous chemotherapeutic agents. It is not within the scope of LPN practice to insert PIC lines or central lines. See Board of Nursing minutes May 10, 2005.

Adopted April 24, 2002

Revised January, 2006

Reaffirmed February 18, 2009

Reaffirmed 16, 2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE PRACTICE: LPN Care of Ventilator Dependent Patients in the Home Health Setting

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated 63-7-108 Practical Nursing Defined

The “practice of practical nursing” means the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

POSITION: It is the position of the Tennessee Board of Nursing that an LPN may provide home health care to a ventilator-dependent patient, but may only provide those services which fall within the scope of practice as an LPN, including:

Patient Care Responsibilities:

Monitor and maintain patient on high flow oxygen; deflate or inflate tracheostomy cuff; monitor cuff pressures using minimal leak technique; maintain security of tracheostomy patient’s airway- ties etc; disconnecting ventilator to do open suctioning; open suctioning patient while on a tracheostomy collar; use closed suction technique on a ventilated patient; use closed suction for patient on a high humidity high flow oxygen system; use a resuscitation bag to ventilate a tracheostomized patient with high flow oxygen during the suction procedure and during an emergency; change from ventilator to tracheostomy collar if circuit is preassembled and settings appropriately adjusted by RN or respiratory care practitioner; administer aerosol treatment to patient requiring disconnect of the circuit; give aerosol treatment to patients while on a tracheostomy collar; administer meter dose inhaler medication to patients while on the ventilator or tracheostomy collar; perform tracheostomy care on a ventilated patient or patient with a tracheostomy collar; change inner cannula of tracheostomy.

Equipment Responsibilities:

Turning the ventilator on or off during modality change (for example from tracheostomy collar and back to the ventilator); respond to alarms (high pressure, leak, frequent suctioning requirement, disconnect) and troubleshoot problems associated with frequently occurring issues *in consultation with a licensed respiratory therapist.*

Not within the scope of practice of the LPN caring for ventilator dependent patients in the home care setting:

Setting up and changing a ventilator or trach collar circuit; assembly of high humidity, high flow oxygen set up; application or management of speaking valve of patient on or off the ventilator; lavage of trach patient during suctioning; change HME daily on ventilator patient; adjustment of alarms; change out trach of tracheotomized patient; change ventilator settings except for on/off and standby.

Adopted September 27, 2007

Reformatted and Re-affirmed 2/2009

10/2010 in collaboration with the Tennessee Board of Respiratory Care
Reaffirmed 02/15/2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE PRACTICE: Licensed Practical Nurse's Role in an End Stage Renal Disease Dialysis Setting

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee, clarify LPN scope of practice in the end stage renal disease dialysis setting and the responsibility of the RN for LPN supervision in this setting.

AUTHORITY: Tennessee Code Annotated 63-7-103 "Practice of Professional Nursing Defined (a) (1) "Practice of professional nursing" means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.13 UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE. (1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following: (m) Failing to supervise persons to whom nursing functions are delegated or assigned;

POSITION STATEMENT: It is the position of the Tennessee Board of Nursing that a licensed practical nurse, deemed competent, be allowed to give certain intravenous push medications in End Stage Renal Disease (ESRD) settings where they are directly supervised by a registered nurse and that registered nurse is immediately available. Competency, obtained through appropriate coursework, must be documented in the employee's personnel record.

Medications that may be administered by the competent LPN include: drugs that are legally permitted, recombinant human erythropoietins, Vitamin D analogs, anticoagulants, 0.9% sodium chloride and iron.

Adopted 12/03

Reformatted and Reaffirmed 02/2009

Reaffirmed 02/2012

TENNESSEE BOARD OF NURSING POLICY

RE PRACTICE: Medication Self-administration

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated **63-7-101** (license required to practice nursing), **63-7-102** (Exemptions), **63-7-103** (Practice of Professional Nursing Defined) and **63-7-108** (Practical Nursing Defined)

POLICY: It is the position of the Board of Nursing that providing assistance in the self-administration of medications by unlicensed personnel in the school setting under the following circumstances does not constitute the unlawful practice of nursing:

- 1. The student is competent to self administer the authorized and/or prescribed medication with assistance.**
- 2. The student's condition for which medication is authorized and/or prescribed is stable.**
- 3. The administration of the medication is properly documented.**
- 4. Guidelines for assistance in the self administration of authorized and/or prescribed medication by unlicensed personnel in the school setting as developed in conjunction with the Tennessee Department of Health.**

Reformatted and Reaffirmed 02/09

Reaffirmed 02/12

TENNESSEE BOARD OF NURSING

RE PRACTICE: Reporting Incompetent, Unethical or Illegal Practice

PURPOSE: The purpose of this policy is to protect the health and safety of the citizens of Tennessee and give direction to nurses on reporting incompetent, unethical or illegal practice through the proper channels.

AUTHORITY: Tennessee Code Annotated 63-7-115 (a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person: **(F)** Is guilty of unprofessional conduct;

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.13 and 1000-2-.13 (LPNs):

UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE.

- (1) Unprofessional conduct, unfitness, or incompetency by reasons of negligence, habits or other causes, as those terms are used in the statute, is defined as, but not limited to, the following:
- (s) Failing to report, through proper channels, facts known to the individual regarding incompetent, unethical or illegal practice of any health care provider

POLICY: Any nurse who knows of any health care provider's incompetent, unethical or illegal practice **MUST** report that information through proper channels. The only two (2) proper channels to report nurses are:

- The Board of Nursing, via Health Related Boards Investigations, or
- The Tennessee Nurses Professional Assistance Program.

Tennessee Professional Assistance Program
545 Mainstream Drive, Suite 414
Nashville, TN 37228-1201
Phone: 615-726-4001 or
Toll Free: 1-888-776-0786
Fax: 615-467-6616
Email: www.tnpap.org

Office Hours: 8:00 a.m. to 4:30 p.m. Monday-Friday

BACKGROUND: The *Tennessee Professional Assistance Program* is a voluntary program funded by nurses' licensure fees through the *Tennessee Board of Nursing*. The program offers consultation, referral, and monitoring for nurses whose practice is impaired, or potentially impaired, due to the use of drugs or alcohol, or psychological or physiological condition.

A referral can be made confidentially by the employer, EAP, co-worker, family member, friend, or the nurse her/himself. If the nurse is willing to undergo a thorough evaluation to determine the extent of the problem and any treatment needed, all information is kept confidential from the Board of Nursing, and the nurse does not face disciplinary action against his/her nursing license.

Addiction is a significant problem among all health care professionals, in all areas of the country. It is a chronic, progressive illness that can be treated effectively. As with all chronic illnesses, the earlier the identification and treatment, the better the prognosis.

Some signs of addiction in nurses are listed below:

- Mood swings; inappropriate behavior at work; frequent days off for implausible reasons; non-compliance with acceptable policies and procedures; deteriorating appearance; deteriorating job performance; sloppy, illegible charting; errors in charting; alcohol on the breath; forgetfulness; poor judgment and concentration; lying; and volunteering to be the med nurse.
- Other characteristics of addiction nurses include high achievement, both as a student and a nurse, volunteering for overtime and extra duties, no drug use until prescribed following surgery or a chronic illness, and family history of alcoholism or addiction.

Of course, any of these characteristics may be symptoms of a number of other problems besides addiction.

If you have questions or concerns, contact the ***Tennessee Professional Assistance Program***. The staff is centrally located in Nashville, but will assist with a nurse in any part of the state. The ***Professional Assistance Program*** can also be utilized to provide educational presentations regarding addiction for institutions, professional organizations, and schools of nursing. Contact the office for more information or to schedule a presentation

Reformatted and Reaffirmed 02/09

Reaffirmed 02/15/2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE PRACTICE: Skilled Nursing Services Rendered by Unlicensed Personnel

PURPOSE: The purpose of this statement is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated **63-7-101** (license required to practice nursing), **63-7-103** (Practice of Professional Nursing Defined) and **63-7-108** (Practical Nursing Defined)

POSITION: The insertion of a catheter into the bladder is a function of the licensed nurse – registered nurse or licensed practical nurse.

Reformatted and Reaffirmed 02/09

Reaffirmed 02/15/2012

TENNESSEE BOARD OF NURSING POSITION STATEMENT

RE PRACTICE: Surgical First Assistant RN

PURPOSE: The purpose of this statement is to protect the health and safety of the citizens of Tennessee.

AUTHORITY: Tennessee Code Annotated 63-7-103 (a) (1) “Practice of professional nursing” means the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences, and the humanities, as the basis for application of the nursing process in wellness and illness care.

(b) Notwithstanding the provisions of subsection (a), the practice of professional nursing does not include acts of medical diagnosis or the development of a medical plan of care and therapeutics for a patient, except to the extent such acts may be authorized by §§ [63-1-132](#), [63-7-123](#) and [63-7-207](#).

Tennessee Board of Nursing Rules and Regulations for Registered Nurses 1000-1-.04 (3) (a) Responsibility. Each individual is responsible for personal acts of negligence under the law. Registered nurses are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the registered nurse should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual’s personal responsibility under the law.

(b) Registered nurses, duly licensed by the State of Tennessee who practice nursing in this state are not prohibited from expanding their roles by the Nursing Practice Act. However, R.N.’s functioning in an expanded role assume personal responsibility for all of their acts. R.N.’s who manage the medical aspects of a patient’s care must have written medical protocols, jointly developed by the nurse and the sponsoring physician(s). The detail of medical protocols will vary in relation to the complexity of the situations covered and the preparation of the R.N. using them.

POSITION: The Tennessee Board of Nursing believes the RN surgical first assistant is a category in which the RN functions in a role that is an extension of an M.D. surgeon or dentist and that the RN first assistant is performing a delegated medical function during surgical procedures. It is therefore incumbent upon each health care agency to develop administrative, medical, nursing and legal guidelines under which the RN first assistant functions.

These guidelines should consider but not be limited to the following:

1. Consumer Protection.
2. Complexity of the procedure.
3. Consequences if operating physician becomes incapacitated during the procedure.

4. Ability of the RN first assistant to perform selected procedures in an emergency situation.
5. Presence or absence of another qualified M.D. within the agency at the time of the surgical procedure.
6. Jeopardy in which the license of the RN first assistant may be placed.
7. Degree of accountability requested by the agency of the RN first assistant.
8. Shortage of nursing personnel and degree to which using R.N.'s as first assistants affects total patient care within the agency.
9. Whether the RN is qualified by experience and education to perform tasks delegated by an M.D., surgeon or dentist.

To reiterate, we believe the RN first assistant is performing a delegated medical function during a surgical procedure. The Board, in considering the entire perioperative period, takes the position that the pre and post operative instruction of client and family is a nursing function and is addressed in the Nurse Practice Act of the State of Tennessee.

6/87

Reaffirmed 12/01, 03/06

Reformatted and Reaffirmed 02/09

Reaffirmed 02/15/12

TENNESSEE BOARD OF NURSING
LAPSED LICENSE POLICY

Purpose: The purpose of the board is to safeguard life and health by assuring that each person practicing nursing is competent to do so. To this end the board has set up a system for managing those situations in which licensees practice nursing beyond the period of a license, permit or valid renewal certificate. Authority: *T.C.A.* 63-1-101, 63-7-115(F), 63-7-120, 63-7-207 and *Rules of the Board of Nursing* 1000-1-.13(k) and 1000-2-.13(k).

Infraction	Disciplinary Guideline	
	RN	LPN
Practicing nursing on a lapsed (expired) license (permit) less than six months.	Shall remit applicable renewal and reinstatement fees.	Shall remit applicable renewal and reinstatement fees.
Practicing nursing on a lapsed (expired) license (permit) six months and up to twenty-five months.	<ul style="list-style-type: none"> a. Shall remit applicable renewal and reinstatement fees. b. Issue letter of concern 	<ul style="list-style-type: none"> a. Shall remit applicable renewal and reinstatement fees. b. Issue letter of concern
Practicing nursing on a lapsed (expired) license (permit) twenty-five months or longer.	<ul style="list-style-type: none"> a. Issue permit b. Schedule for appearance before Application Review Committee c. Decision-letter of warning or appear before the board 	<ul style="list-style-type: none"> a. Issue permit b. Schedule for appearance before Application Review Committee c. Decision-letter of warning or appear before the board

Adopted: September 25, 2008

TENNESSEE BOARD OF NURSING
POLICY RE: NON COMPLIANCE WITH
CONTINUED COMPETENCE REQUIREMENTS

Purpose: The purpose of the board is to safeguard life and health by assuring that each person practicing nursing is competent to do so. To this end the board has set up a system to manage those licensed nurses who fail to come into compliance with the continued competence monitoring program or who falsely certify completion of the program. Authority: *T.C.A.* 63-1-108, 63-7-101, 63-7-115, 63-7-116, 63-7-120, 63-7-207(16) and *Rules of the Board of Nursing* 1000-1-.14 and 1000-2-.14

Infraction	Disciplinary Guideline
Noncompliance with either one or both requirements—first time	Letter of warning
Noncompliance with either one or both requirements—second time	Refer to Application Review Committee

Adopted: September 25, 2008

RECOMMENDED BEST PRACTICES – MEDICATION ERRORS

RE: CLIENT SAFETY

PURPOSE: The purpose of these recommendations is to protect the health and safety of the citizens of Tennessee

CONFUSING ABBREVIATIONS TO AVOID

Health Care Professionals: Follow this link to *Institute for Safe Medication Practices* to find a chart that shows medical abbreviations that often lead to unwanted outcomes:

<http://www.ismp.org/tools/errorproneabbreviations.pdf>

20 TIPS TO PREVENT MEDICAL ERRORS

For Health Care Consumers: Follow the link to the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality for a patient fact sheet.

<http://www.ahrq.gov/consumer/20tips.htm>

RECOMMENDED BEST PRACTICES - 7 COMPONENTS OF ABUSE PREVENTION

RE: CLIENT SAFETY

PURPOSE: The purpose of these recommendations is to protect the health and safety of the citizens of Tennessee.

Best Practices adopted by Tennessee Improving Patient Safety (TIPS) on March 1, 2002

The implementation process may vary according to the specific setting; however, under the initiative all systems must have the following minimum clearly defined components:

1. **Incident review procedures.** The facility or system reviews specific incidents for “lessons learned”, forming a feedback loop for necessary policy changes. This gives the facility the capacity to prevent abuse.
2. **Employee screening.** The facility or system determines if potential or current employees have records of abuse.
3. **Identifying abuse.** The facility or system develops and maintains a proactive Approach to identify events and occurrences that may constitute or contribute to abuse.
4. **Training.** The facility, during its orientation program and through ongoing training programs, provides all employees with information regarding abuse, including prevention, intervention, detection and related reporting requirements.
5. **Protection.** The facility protects individuals from abuse during investigation of any allegations of abuse.
6. **Investigation.** The facility ensure a timely, thorough and objective investigation of all allegations of abuse, neglect or mistreatment.
7. **Response.** The facility ensures that any incidents of substantiated abuse are reported and analyzed and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, state or federal law.

Resources:

Eli Research Assisted Living Business Week Volume III, 1999
JE/SP/G5012058/BHLR

RECOMMENDED BEST PRACTICES - WRONG SITE SURGERY

RE: CLIENT SAFETY

Both Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Agency on Healthcare Research and Quality encourage and suggest facilities develop processes to assure the correct surgical site, patient and procedure. Follow this link to the U.S. Department of Health and Human Services Agency on Healthcare Research and Quality for a chapter on wrong site surgery:
www.ahrq.gov/qual/nursesfdbk/docs/MulloyD_WSS.pdf

Reference:

Malloy, D.F.; Hughes, R.G (2008). *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Chapter 36. Wrong-site surgery: A preventable medical error. Agency for Healthcare Research and Quality. Retrieved from the World Wide Web on January 23, 2009.